



ASC Utilization Report
State Form 49933 (R3/6-05)
Indiana State Department of Health
Acute Care

Status: Finalized

I. Center Identification

Organization Name: SURGICAL CENTER OF NEW ALBANY

Street Address: 2201 GREEN VALLEY RD

City: NEW ALBANY

County: FLOYD

Administrator Name: MARIANNE WILL

Administrator Email: marianne.will@surgerypartners.com

ASC Web Address: www.scnewalbany.com

Fiscal Year: 2018

Accredited: Yes No

Name of Accrediting Body: AAAHC

Deemed Status: Yes No

Corporate Tax Status: For Profit Non Profit

II. Identification of Surgical Resources

Number of operating rooms	2
Number of procedure rooms	2

III. Utilization Statistics

A. Total Patients and Procedures		
Time Period	Number of Patients	Number of Procedures
Persons Served in twelve-month period	745	2,998
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
64635	95	
64633	23	
66984	488	
g0260	177	
64483	94	
64493	316	
64490	48	

62321	42
62323	48
41899	22

IV. Outcomes from Surgical Procedures

Number of patients with a Post-Surgical wound infection within 30 days following a surgical encounter.	0
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